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## UTILITY. PATENT APPLICATION

Attorney Docket No. 265036600070 First Inventor or Application Identifier Ryuzo Yanagimachi

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(Only for new nonprovisional applications under 37 C.F.R. § 1.53(b)) Express Mail Label No. EL098131277US							77US	لـــــــــــــــــــــــــــــــــــــ
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lame	JONES, DAY,		POGUE					
Address North Point								
	901 Lakeside	Avenue	1	· · · · · · · · · · · · · · · · · · ·		<u> </u>		
City	Cleveland		State	Ohio		Zip Code	44114	
Country	U.S.		elephone	(216) 58	36-757	5 Fax	(216) 579-	-0212
Name (I	Print/Type) Barbar	a E. Arnd	t		ation No. (	Attorney/Agent)	37,768	
Signatur		ma E.		V		Date	August 10,	199)
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TOTAL AMOUNT OF PAYMENT (\$)

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Complete if Known					
Application Number					
Filing Date					
First Named Inventor	Ryuzo Yanagimachi				
Examiner Name					
Group / Art Unit		-			
Attorney Docket No.	265036600070				

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METHOD OF PAYMENT (check one)	. FEE CALCULATION (continued)					
1. X The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:	3. ADDITIONAL FEES					
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Charge Any Additional Fee Required Under 37 CFR §§ 1.16 and 1.17	147 2,520 147 2,520 For filing a request for reexamination					
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FEE CALCULATION	115 110 215 55 Extension for reply within first month					
1. BASIC FILING FEE	116 380 216 190 Extension for reply within second month					
Large Entity Small Entity	117 870 217 435 Extension for reply within third month					
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107 480 207 240 Plant filing fee	120 300 220 150 Filing a brief in support of an appeal					
108 760 208 380 Reissue filing fee	121 260 221 130 Request for oral hearing					
114 150 214 75 Provisional filing fee	138 1,510 138 1,510 Petition to institute a public use proceeding					
	140 110 240 55 Petition to revive - unavoidable					
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2. EXTRA CLAIM FEES	142 1,210 242 605 Utility issue fee (or reissue)	İ				
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Total Claims 21 -20** = 1 x 9 = 9.	144 580 244 290 Plant issue fee					
Independent 2 - 3** = 0 x = -	122 130 122 130 Petitions to the Commissioner					
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103 18 203 9 Claims in excess of 20	146 760 246 380 Filing a submission after final rejection	40.				
102 78 202 39 Independent claims in excess of 3	(37 ČFR § 1.129(a))					
104 260 204 130 Multiple dependent claim, if not paid	149 760 249 380 For each additional invention to be examined (37 CFR § 1.129(b))					
109 78 209 39 ** Reissue independent claims over original patent	Other fee (specify)					
110 18 210 9 ** Reissue claims in excess of 20 and over original patent	Other fee (specify)					
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SUBMITTED BY		Complete (if applicable)			
Name (Print/Type)	Barbara E. Arndt	Registration No. (Attorney/Agent) 37,768	Telephone	(216) 586-7575	
Signature	Sulina E. and	A	Date	August 10, 1999	

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Date Mailed August 10, 1999	-
Docket: 265036600070	-
Appln No. Not Yet Assigned	•
Pat/TM No. Filed Herewith	<b>-</b> ·
Applicant: Ryuzo Yanagimachi	_
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